

State of Washington Application for a Water Right

For Ecology Use
Fee Paid 10

Date 9/6/00
CK# 4233 FM

Please follow the attached instructions to avoid unnecessary delays.

Section	1. APPL	ICANT -	PERSON	v, orga	NIZATION,	OR W	ATE	R SYS	TEM
Name <u>0</u>	Liver	B Sa	unde	15	Home	Tel: (<u>5</u>	09)	826	-4916
Mailing Add	dress 10	1 GL	en wo	od a	Work	Tel: ()_		
City <u>R</u>	ver si	de St	ate Wn Zi	ip+4 <u>988</u>	749+	FAX: (_)_		
	2. CONT e as abov								N
					Work Tel: (
					+).		
Section	3. STAT	DVIDNI	ORINIE						
sufficient. Estimate a r Chec Section If SURFA Name the	naximum an k if the wate From 4. WATE	nual quantity or use is prop _/_/_/ ER SOUR R ce and indic	y to be used cosed for a shot of to 10/	in acre-foot nort-term pro	per year:2	O period of	ACII	PE that the	
	If unnamed stream," e		named sprir	ng,"					
	of diversions						_		
Source flo	ows into (na	me of body	of water):		Size & depth	of well(s	s): 40")	140" dug	1/3 dielled
LOCATIO	ON								
Enter the section co		and east-w	est distance	es in feet fro	om the point of	diversio	n or w	ithdraw	al to the nearest
600	Feet	South	650	Feet	EAST	NW			
1/4 of	1/4 of	Section	Township	Range (E/W	County		If locati		rce is platted, complete below:
							Lot	Block	Subdivision
		25	35	NorTh	OKani	san	2-3		ObhiesAcres
				A CONTRACTOR OF THE PARTY OF TH					
For Ecology (Jse Date R	eceived: 5/4	57 6,20	00 Priori	ty Date:	6, 2	80 C	?	
Land Committee C	ot/Not Exempt	FERC Lice	January Company	Bisal	Dept.	Of Health			
Date Accepted	d As Complete	5/201 14,	Volo By	17/K D	ate Returned			Зу	WRIA: 49

ECY 040-1-14 Rev. 7/97 * * f

APPLICATION

Appl. No.: 6-4-32 93/

	Nome of quotom if named:
s. 3.	Name of system, if named: Briefly describe your proposed water system. (See instructions.)
	1 1/2 hp used by way of portable sprinkler ipe - Some buried perment pipes - Copy. Water Right Claim enclased
	Copy. Water Right Claim enclased
2.	Do you already have any water rights or claims associated with this property or system? ☐ YES ☐ NO PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
λ.	Number of "connections" requested:/ Type of connection Hown e (Homes, Apartment, Recreational, etc.)
3.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. for house use—city water—no inequation water areas.
Cor	nplete C. and D. only if the proposed water system will have fifteen or more connections.
	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Feb 17-71 Please attach the current approved version of your plan.
).	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
Se (C	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.) Total number of acres to be irrigated:
3.	List total number of acres for other specified agricultural uses:
	Use Acres
	Use Acres
٦	Use Acres Total number of acres to be covered by this application:
C.	
Э.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.:
E.	Farm uses: Stockwater - Total # of animals Animal Type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Will	you be using a dam, dike, or other structure to retain or store water?	☐ YES	X NO
poin	TE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet of at, and some portion of the storage will be above grade, you must also apply for a reservoir permit rvoir permit application from the Department of Ecology.		
	ection 9. DRIVING DIRECTIONS		
Prov	west side of Ghenwood.	MAIN	ST
	North To juction of Ghenwood AVE - 1ST	drive	on
	west side of Ghenwood.		
Se	ection 10. REQUIRED MAP		
A.	Attach a map of the project. (See instructions.)		
Se	ection 11. PROPERTY OWNERSHIP		
Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(e of the owner(s):	YES (YES	□ NC
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	YES	□NC
to p	rtify that the information above is true and accurate to the best of my knowledge. I understate rocess my application, I grant staff from the Department of Ecology access to the site for institution of the above appointment of Ecology. I may have been assisted in the preparation of the above appoloyees of the Department of Ecology, all responsibility for the accuracy of the information responsibility.	spection and olication by	d the
App	Oliver B. Saunders Oliver B. Saunders Date Date	000	

Section 8. WATER STORAGE

Date

Landowner for place of use (if same as applicant, write "same")

8		
We are returning your application for the following rea	ison(s):	
		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)		APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	120000000000000000000000000000000000000	
Please provide the additional information requested at (date).	bove and return you	r application by
Ecology staff	Date	

Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).